

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, February 15, 2013 at the hour of 7:30 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman O'Donnell called the meeting to order.

Present: Chairman Heather O'Donnell, JD, LLM and Directors Edward L. Michael and Carmen Velasquez (3)
Board Chairman David Carvalho (ex-officio) and Mr. Donald Oder (Non-Director Member)

Absent: Directors Quin R. Golden and Jorge Ramirez (2)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management
John Cookinham – System Chief Financial Officer
Jacqueline Gomez – Cook County Office of Contract Compliance
Susan Greene – System Interim Director of Managed Care
Helen Haynes – System Associate General Counsel

Bala Hota, MD – System Interim Chief Information Officer
Dorothy Loving – System Executive Director of Finance
Terry Mason, MD – System Chief Medical Officer
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman O'Donnell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Finance Committee Meeting, January 25, 2013

Director Michael, seconded by Director Velasquez, moved to accept the minutes of the Finance Committee Meeting of January 25, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Committee's consideration; she noted that request number 3 is being withdrawn at this time. Additionally, Ms. Besenhofer introduced the new Director of the Cook County Office of Contract Compliance, Jacqueline Gomez.

The following individuals presented additional information on the requests: Dr. Ram Raju, Chief Executive Officer; John Cookinham, System Chief Financial Officer; and Dr. Bala Hota, System Interim Chief Information Officer.

III. Action Items

B. Contracts and Procurement Items (continued)

Dr. Raju provided additional information regarding request number 2; this was a request for approval of payment for the purchase of insurance covering against potential liability for the cost of services relating to organ transplants required by persons who enroll in the CountyCare Program. He stated that transplant is a service that the System does not provide. Under CountyCare, the System is not only a provider, but it is also a plan. If someone who is in the plan needs an organ transplant, the System has an obligation to provide them as a part of the plan, because transplant services are included under inpatient services. Some transplants are extremely expensive - if a couple of members need a transplant, it will be impossible to provide that amount of money for a transplant under the per member per month (PMPM) formula; therefore, most companies, as well as public institutions, buy insurance to cover the cost of transplant services.

The Committee discussed request number 4. Dr. Raju stated that ICD-10 has been postponed several times; currently it is scheduled to take effect in 2014, but there is a lot of movement to postpone it one more year. If there is another postponement, the System will probably move a little slower in its readiness activities. Mr. Cookinham stated that, with ICD-10, the level of coding is many times more detailed. The coders and doctors will have to be retrained, as this is a very detailed kind of project. Director Michael stated that, as the System is having difficulty with coding anyway, it would be helpful to hear how management will integrate this effort into the overall effort to improve the coding throughout the System. Mr. Cookinham responded that there is a plan to do that - part of the program is to re-educate the coders.

Dr. Raju provided additional information regarding request number 5. Health Management Associates (HMA) has been involved in the Waiver Demonstration activities for a while; they have also been involved in other areas in the System. Their staff has deep expertise in Medicaid issues, as well as knowledge of the System. The request to extend the contract for one month is to align the end of the contract with the end date of the Waiver Demonstration Project; it was noted that the contract increase dollars are not tied to the part of the request relating to the extension. HMA's services were utilized more than what was originally planned; some of the other areas in which they assisted include the development of the medical home model and chronic care coordination. As management did not have any internal expertise in those areas, and activities really had to ramp up very quickly, management utilized their services more than what was anticipated at the beginning of the program.

Chairman O'Donnell suggested that perhaps the Committee can discuss the status of the development of the primary care medical home model during Ms. Greene's update on the Waiver Demonstration Project later in the meeting. Dr. Raju responded that the group of people who manage that project are not present today; he will be happy to provide an update on that in the future¹.

Dr. Raju noted that request numbers 7 through 10 are being funded by the County as capital projects. It was indicated in some of the transmittals that the request was to replace equipment that is quite old in some cases; Director Michael suggested that at some point it would be interesting to hear from Dr. Hota about whether or where there might be other risks that need to be addressed sooner rather than later. Dr. Hota responded that audits are run for this purpose, and there is an inventory of the current equipment and life span; he added that he would be happy to provide further information on the subject as a Board or Committee Education Item².

Director Velasquez, seconded by Director Michael, moved the approval of request numbers 1 through 11, with the exception of request number 3, which was withdrawn, under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Financial Reports – January 2013 (Attachment #2)

Dorothy Loving, System Executive Director of Finance, presented the Financial Reports for the period through January 2013. The Committee reviewed and discussed the information.

With regard to the information on Oak Forest Health Center, Mr. Cookinham stated that when management put the budget together for this year, the expenses of providing care were aligned in the appropriate budget – what was left in the Oak Forest budget was essentially the occupancy costs for the campus. What has not been done, but probably needs to be done going forward, is to determine how much of the occupancy costs belong to the System's clinics and other clinical functions there, as there are other activities going on at Oak Forest that are not necessarily health care-related. This will allow management to present a better picture of the costs to maintain the Oak Forest campus.

Mr. Cookinham suggested that, on a go-forward basis, the financial statements should be changed somewhat, in order to be more in conformance with the way the organization is structured right now. Almost all of the community clinics, some of which used to report up through Oak Forest, are now community clinics or hospital-based clinics of Stroger Hospital; the only clinic that is not reported up through Stroger Hospital is the Sengstacke Clinic – that clinic reports up through Provident Hospital, as it is located on their campus.

Mr. Cookinham reviewed information regarding the average number of days for patient bills that remain in the Accounts Receivable system. That number has been reduced to one hundred ten; the goal is one hundred or less. Dr. Raju noted that there is a built-in inherent delay of ninety days, as System is required to send three notices thirty days apart to the patient to try to collect.

Board Chairman Carvalho stated that, after the Affordable Care Act (ACA) is in effect, everyone will be eligible for some type of coverage, with the exception of the undocumented population. He stated that CareLink cannot be available for people who are eligible for an option under the ACA. Dr. Raju concurred. He stated that a study was done to take a look at the uninsured population in Cook County; the study determined that after ACA is in effect, there will be 500,000 uninsured individuals in Cook County. Dr. Raju stated that the System will need to have an uninsured strategy, even after implementation of ACA, because not everybody who is eligible for coverage under the ACA is going to be insured. He added that there are also going to be people who choose not to be insured, because the penalty for non-insurance is much smaller than the premium they have to pay to get the insurance. Beyond the System, Dr. Raju stated that there should also be a strategy determined from a County-wide perspective. Chairman O'Donnell agreed; she stated that it should not be the sole obligation of the public hospital system to care for those who do not have an option for coverage under the ACA. She added that it is important to remember that non-profit hospitals have a public obligation to care for that population, as well; she noted that perhaps the strategy should be State-wide, rather than County-wide.

Board Chairman Carvalho stated that sometime before October, before enrollment in ACA will start, there needs to be a discussion at the Finance Committee, and then at the full Board level, to underscore what the System's policy will be going forward regarding the following questions: if one has an option under the ACA and has elected not to take it, or one is eligible to enroll in Medicaid or is eligible for a heavily subsidized purchase under the ACA, and one chooses not to enroll, is CareLink available to that person? Or is that person treated like any other person who resides outside of Cook County?

Board Chairman Carvalho stated that staff at the State are going through the same analysis of the programs currently offered to uninsured persons. There is a concern that if a person is over 138% of poverty and is therefore eligible for purchase of coverage under the ACA, what they purchase, although heavily subsidized on the premium side, may still likely have co-pays; it was noted that the current programs at the State do not have co-pays. If the County does not have co-pays, persons in that category may well choose to decline the ACA plan in order to get their care for free without co-pays.

IV. Recommendations, Discussion/Information Items

A. Financial Reports – January 2013 (continued)

Mr. Cookinham provided information regarding the methodology behind some of the numbers contained in the financial reports. With regard to the expense for salaries and wages, Director Michael noted that the amount was dramatically lower than it had been in the month of December. Mr. Cookinham stated that it is based on the number of pay periods in the month; if the last pay period ends on the 25th of the month, yet there are thirty-one days in the month, then the expense might in fact be a little lower than it should be. Mr. Oder noted that both months contain the same number of days and a holiday; one would not think that there would be a big variation, yet there is an \$18 million difference between the months of December and January. Additionally, he noted that he would think that employee benefits would be proportionate to salaries and wages for each month, yet those figures are the same for each month. Mr. Cookinham stated that staff could further review the issue and try to build in an accrual for salaries and wages.

Board Chairman Carvalho inquired as to the reason why depreciation fluctuates so much from month to month. Mr. Cookinham responded that he would review the matter and return with a response³.

The Committee discussed the subject of expense and revenue figures relating to CountyCare enrollment activities. With regard to expenses, Mr. Cookinham stated that some of the payments to the contractors have not yet begun, because the contracts have not been completed. Chairman O'Donnell inquired as to the status of the report that will track this information and be provided to the Committee. Mr. Cookinham stated that staff from Managed Care and Finance have been working on developing this report – as soon as the draft is finalized and as the information flows in, the Committee will receive the report containing the various sources of revenue and expenses, both direct and indirect, associated with the CountyCare Program.

Dr. Raju noted that it takes sixty days from the time a Waiver application generated gets approved by the State. Once it gets approved, it takes two weeks longer before the System receives any revenue – therefore, it essentially takes seventy-four days before the application is done and revenues begin to be received.

Board Chairman Carvalho asked whether there is a schedule that can be shared with the Committee that details what the System's budget assumed relating to enrollment by month. Dr. Raju stated that there is a working document that essentially provides this information; he noted that progress is on track, and he can share that document with the Committee⁴.

Dr. Raju noted that, initially, the budget was created in a way to accommodate the PMPM payment model. However, a factor that complicates matters is the Medicaid regular fee-for-service that goes back retroactively for ninety days. With regard to the retroactive payment, if services are provided in the System, then it is good. However, some of the people during that ninety day period may be getting very expensive care at other institutions – if the application is approved, the System has to pay the other institution for the provision of those services to that patient during that ninety day period of time.

Director Michael stated that, in terms of financial reports, what he is accustomed to seeing is a projection of revenues and expenses by month and quarter for the entire year, provided at the beginning of the new fiscal year. This allows for the review of whether or not the organization is running in accordance with what was projected when the year began.

Following discussion, it was determined that members of the Committee would work with management to address the requests for information and to provide their expertise in order to develop a high-level operating indicators report for the Committee and Board's use.

IV. Recommendations, Discussion/Information Items (continued)

B. Update on the following projects:

i. Section 1115 Medicaid Waiver Demonstration Project / CountyCare (Attachment #3)

Susan Greene, System Interim Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare. She stated that, as of today, over 12,000 applications have been received. The goal had always been to have at least five hundred applications received per business day; that target was reached yesterday for the first time.

There are currently thirteen Federally Qualified Health Centers (FQHCs) in the CountyCare network; recently, more FQHCs have been approved to join. With regard to enrollment activities, Board Chairman Carvalho requested that in the next report on this subject, the following information should be included: 1) month-by-month projections for enrollment through the end of the fiscal year; and 2) month-by-month projections for revenues, through the end of the fiscal year⁵.

Dr. Raju provided additional information on the Waiver activities (Attachment #3), which included enrollment and net revenue targets and projections.

ii. Global Healthcare Exchange (GHX) contract management / electronic exchange system

Ms. Besenhofer provided a brief update on the implementation of the GHX system. She stated that the Supply Chain modules have been live for six weeks now. A phased implementation was needed, due to inadequate and incomplete data. Some of the areas are working well, while others are still struggling with the recommended changes that need to be made. She noted that staff continues to work on acceptable procedures and documentation for payment of invoices with the County. Training continues for Supply Chain staff and for the end users at the department level. Policies and procedures still need to be established for the new processes, as well.

Ms. Besenhofer stated that Phase One focused heavily on Stroger Hospital and the onsite clinics. Phase Two relates to the Operating Room Sterile Processing buildout. It is anticipated that the Phase Two will be deferred to a go-live date of June 1, 2013, as there are approximately 20,000 items that need to be built into the system; additional resources may be needed to support that activity.

iii. Meaningful Use

Dr. Hota provided an update on Meaningful Use. He stated that the main focus that staff has been working on over the past month has been eligible providers. The system has one hundred thirty-six providers that have been identified as eligible for the Medicaid Meaningful Use Program – approximately \$66,000 per eligible provider that will be received as a subsidy.

Director Michael inquired whether Dr. Hota has received any provider feedback that is cause for concern. Dr. Hota responded that there are areas of success (E-prescribing, for example). However, providers have uniformly indicated that the depart summary is too slow; he noted that some of the capital upgrade requests should help with that issue.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases

There were no emergency purchases to report at this time.

VI. Report from Chief Financial Officer (Attachment #4)

Mr. Cookinham presented his report, which contained information that was discussed earlier in the meeting during the review of the financial reports.

VII. Adjourn

As the agenda was exhausted, Chairman O'Donnell declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Heather O'Donnell, JD, LLM, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

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- ¹ Follow-up: for future meeting, update to be provided regarding the status of the development of the primary care medical home model (page 2).
- ² Follow-up: future Board or Committee Education Item –audit and inventory of current equipment and life span provided by Dr. Hota (page 2).
- ³ Follow-up: response to be provided regarding question relating to fluctuation in depreciation (page 4).
- ⁴ Follow-up: request for information that details what the System's budget assumed relating to enrollment by month (page 4).
- ⁵ Follow-up: for next Committee Meeting, report on Waiver activities should include the following information: 1) month-by-month projections for enrollment through the end of the fiscal year; and 2) month-by-month projections for revenues, through the end of the fiscal year (page 5).

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
February 15, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM III(B)
FEBRUARY 15, 2013 FINANCE COMMITTEE MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Accept Grant Increase					
1	U.S. Department of Health and Human Services, Health Resources and Services Administration	Service - diagnosis, treatment and rehabilitation of patients afflicted with Black Lung	Grant increase amount: \$35,004.00	System	2
Approval of Payment					
2	Mesirow Financial	For the purchase of insurance (coverage to be provided by The Ace Group) covering against potential liability for the cost of services relating to organ transplants required by persons who enroll in the CountyCare Program	\$2,496,000.00	System	3
Increase Contract					
3	Xerox Consultant Company (ACS Healthcare Solutions)	Service - health information technology services	\$220,000.00 (grant funded)	CCDPH	4
Extend and Increase Contract					
4	The Olenik Consulting Group, LLC	Service - ICD-10 training and education	\$357,180.00	System	5
Amend, Extend and Increase Contracts					
5	Health Management Associates (HMA)	Service - professional services	\$718,363.00	System	6
6	Susan Greene and Associates (SGA)	Service - professional services	\$540,000.00	System	8
Execute Contracts					
7	More Direct, Inc.	Product - blade servers and storage	\$1,974,999.20	System	9
8	More Direct, Inc.	Product - Cisco network gear - Phase II of Network Refresh Capital Project	\$944,915.00	System	10
9	GE Healthcare	Service - DMS software maintenance	\$280,428.00	SHCC	11
10	More Direct, Inc.	Product - Fujitsu 6130Z scanners	\$235,630.46	System	12
11	GE Healthcare	Service - MUSE/Mars Systems hardware/software maintenance	\$185,373.46	SHCC	13

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Robert A. Cohen, M.D., Chairman Pulmonary Medicine and Critical Care		EXECUTIVE SPONSOR: Carol Schneider, System Chief Operating Officer	
DATE: 01/11/2013		PRODUCT / SERVICE: Service – Diagnosis, Treatment, and Rehabilitation of Patients afflicted with Black Lung	
TYPE OF REQUEST: Grant Contract Increase		VENDOR / SUPPLIER: U.S. Department of Health and Human Services, Health Resources and Services Administration, Rockville, MD	
ACCOUNT: *		FISCAL IMPACT: \$35,004.00	
CONTRACT PERIOD: 07/01/2012 thru 06/30/2013		CONTRACT #: 5 H37RH00055-32-00	
COMPETITIVE SELECTION METHODOLOGY: N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:

The contract with the U.S. Department of Health and Human Services, Health Resources and Services Administration is for 12 months in the amount of \$298,309.00. It was approved by the Cook County Health and Hospitals System Board on 09/28/2012.

NEW PROPOSAL JUSTIFICATION:

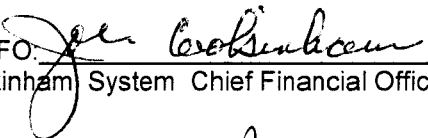
This program increase continues to provide for the diagnosis, treatment, and rehabilitation of patients afflicted with Occupational Pneumoconiosis (Black Lung). The Cook County Department of Public Health received the Notice of Grant Award increase in the amount of \$35,004.00 on January 8, 2013.

*The deferred liability for this agreement is \$148,410.00.

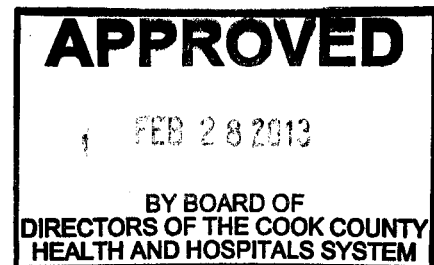
TERMS OF REQUEST:

This is a request to accept an increase for grant contract number 5 H37RH00055-32-00 in the amount of \$35,004.00 to an amended grant contract total of \$333,313.00.

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer



Request #
1

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

MEMO

Date: February 8, 2013

To: Chairman Carvalho and Members of the Finance Committee
Board of Directors of the Cook County Health and Hospitals System

From: John Cookinham
Chief Financial Officer

Cc: Ram Raju
Chief Executive Officer

Susan Greene
Interim Director, Office of Managed Care

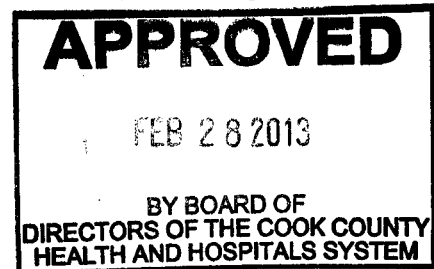
William Baker
Interim Director of Business Development, Office of Managed Care

Re: Purchase of Certain Insurance for CountyCare Program

This memo provides background information and requests your approval of the payment of up to \$2,496,000 for the purchase of insurance covering against potential liability for the cost of services relating to organ transplants required by persons who enroll in the CountyCare Program. The coverage to be purchased will be provided by The Ace Group, as placed by the County's Broker, Mesirow Financial, and will be priced on a PMPM basis.

As you know, the CCHHS must provide or arrange a range of inpatient and outpatient services for CountyCare members. Because services related to transplantation surgery are extremely expensive, it is recommended that the CCHHS purchase a policy of insurance that will provide first dollar coverage for these services, should they be required. This will insure against the potential of loss resulting from significant expenses that may exceed the reimbursement received by the County for the operation of the CountyCare Program.

Thank you for your consideration.



Request #
2

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Bala Hota, Interim Chief Information Officer, CCHHS Sandra Martell, R.N., D.N.P., Interim COO, CCDPH		EXECUTIVE SPONSOR: N/A	
DATE: 01/11/2013		PRODUCT / SERVICE: Service - Health Information Technology Services	
TYPE OF REQUEST: Increase Contract		VENDOR / SUPPLIER: Xerox Consultant Company (ACS Healthcare Solutions) Dearborn, MI	
ACCOUNT 890-441 CCHHS	FISCAL IMPACT \$220,000.00	GRANT FUNDED /RENEWAL AMOUNT: *	
CONTRACT PERIOD: 10/28/2011 thru 03/31/2014		CONTRACT NUMBER: H11-25-014	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Board of Directors of CCHHS approved contract number H11-25-014 with ACS Healthcare Solutions in the amount of \$19,392,043.00 on 02/24/2011 for a 36 month period. An amendment to include the Cook County Department of Public Health was approved by CCHHS Board on 10/27/2011 in the amount of \$400,000.00. A second amendment to increase the contract was approved by CCHHS Board on 03/29/2012 in the amount of \$300,000.00.

NEW PROPOSAL JUSTIFICATION:

To support the request for funding by the Cook County Department of Public Health in the project management of information technologies specific to public health, including population-based communicable and chronic disease surveillance systems, HITECH Public Health Law, Meaningful Use Requirements, and the Public Health Node as part of the Health Information Exchange, the Xerox contract needs to be increased by \$300,000.00. The management of these public health IT technologies requires compatibility and interoperability with existing electronic systems mandated by the Illinois Department of Public Health such as I-NEDSS (Illinois – National Electronic Disease Surveillance System) and Cornerstone.

- This request is grant funded.

TERMS OF REQUEST:

This is a request to increase contract H11-25-014 in the amount of \$220,000.00 for the period of 12/01/2012 thru 03/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS:

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: _____

Carol Schneider, System Chief Operating Officer

CCHHS CFO: _____

John Cookinham, System Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

WITHDRAWN

Request #

3

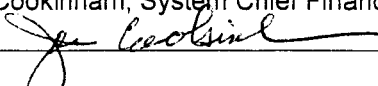
• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Natasha Lafayette-Jones, System Director Health Information Management		EXECUTIVE SPONSOR: John Cookinham, System Chief Financial Officer 	
DATE: 02/01/2013		PRODUCT / SERVICE: Service - ICD-10 Training and Education	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: The Olenik Consulting Group, LLC	
ACCOUNT: 890-260 CCHHS		FISCAL IMPACT: \$357,180.00	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 12/01/2012 thru 11/30/2013		CONTRACT NUMBER: H11-25-095	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			


PRIOR CONTRACT HISTORY:
This contract was approved by the Cook County Health and Hospitals Systems Board to provide consulting services in July, 2010. The contract was executed to provide managerial support for a period of three months from 09/01/2011 thru 11/3//2011 in the amount of \$107,000.00. A thirty day extension was awarded to allow for continued uninterrupted service. The CCHHS Board approved a request to amend, extend and increase this contract to provide consulting and project assistance in preparation for the transition to ICD-10 coding in the amount of \$249,000.00 on 01/27/2012.


NEW PROPOSAL JUSTIFICATION:
Effective in 2014 the Centers for Medicare and Medicaid Services (CMS) will require all providers to be using ICD-10. The Olenik Group will provide project management, physician education, documentation review and coder anatomy/physiology and MDC training.

TERMS OF REQUEST:
This request is to extend and increase contract number H11-25-095 in the amount of \$357,180.00 for the period from 12/01/2012 thru 11/30/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS
BID TABULATIONS: N/A
CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

APPROVED

FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
4

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

EXECUTIVE SPONSOR: Ram Raju, Chief Executive Officer <i>[Signature]</i>		
DATE: 01/28/2013	PRODUCT / SERVICE: Service – Professional Services	
TYPE OF REQUEST: Amend, Extend and Increase Contract	VENDOR / SUPPLIER: Health Management Associates (HMA), Chicago, Illinois	
ACCOUNT 896-260	FISCAL IMPACT: \$718,363.00	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/1/2011 through 12/31/2013		CONTRACT NUMBER: 07-45-307
COMPETITIVE SELECTION METHODOLOGY:		
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]		

PRIOR CONTRACT HISTORY:

Health Management Associates has provided the Cook County Health & Hospitals System (CCHHS) with specialized technical assistance related to Medicaid reimbursement for the past several years. On September 5, 2012 the CCHHS Board of Directors approved the current contract to provide consulting services focusing on: Medicaid cost reporting, reimbursement; policy issues and future planning regarding patient centered medical homes; critical guidance in the development of the 1115 Waiver application, its implementation, and the development and implementation of a care coordination model that consists of the full continuum of patient care; and securing additional critical and highly specialized expertise to assist the Health System with analytical and technical support for the Office of Managed Care and System Transformation.

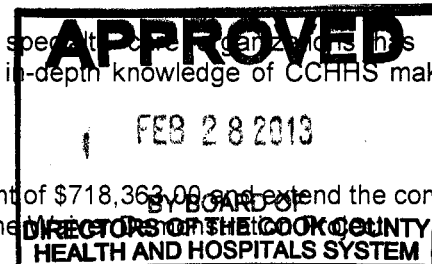
NEW PROPOSAL JUSTIFICATION:

As the Health System implements the 1115 Waiver Demonstration Project "CountyCare" and approaches the implementation of the Affordable Care Act in January 2014, it must continue to address organizing the delivery of care emphasizing the continuity, building relationships with other providers to assure coordination at all levels of care, establishing the infrastructure to track and document care delivered to populations, and realigning financial incentives to promote quality and efficiency rather than volume – in a very short time. This amendment, extension and increase is requested to continue to: assist with the implementation of CountyCare and the financial issues related thereto; support for the Office of Managed Care including application assistance monitoring, network development and provider onboarding; provide the Interim Director of Enrollment; assist with Patient Centered Medical Home (PCMH) project planning, project leadership, management and training support, empanelment process, registry development, care management and access; and assist with the development and implementation of strategic mutually beneficial partnerships; as well as other system issues as determined by the CEO.

HMA's expertise in clinical approaches to disease management and specialty care organizations has been demonstrated across the country in other public hospital systems and its in-depth knowledge of CCHHS makes it uniquely qualified to provide these services.

TERMS OF REQUEST:

This request is to amend and increase Contract No. 07-45-307 in the amount of \$718,363.00 and extend the contract period for one month through 12/31/2013, to coincide with the end date of the



CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

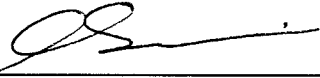
ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

Request #
5

DATE: 01/28/2013		PRODUCT / SERVICE: Service – Professional Services	
TYPE OF REQUEST: Amend, Extend and Increase Contract		VENDOR / SUPPLIER: Health Management Associates (HMA), Chicago, Illinois	
ACCOUNT 896-260	FISCAL IMPACT: \$718,363.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/1/2011 through 12/31/2013		CONTRACT NUMBER: 07-45-307	

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

EXECUTIVE SPONSOR: Dr. Ram Raju Chief Executive Officer		
DATE: 02/07/13		PRODUCT / SERVICE: Service – Professional Services
TYPE OF REQUEST: Amend, Extend and Increase Contract		VENDOR / SUPPLIER: Susan Greene & Associates (SGA), Evanston, Illinois
FISCAL IMPACT: 890-260 Account \$540,000		GRANT FUNDED AMOUNT: NA
CONTRACT PERIOD: 03/05/13 through 05/31/13		CONTRACT #: H12-25-080
COMPETITIVE SELECTION METHODOLOGY:		
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]		

PRIOR CONTRACT HISTORY:

Under the initial contract which is expiring, Susan Greene and Associates (SGA) has provided consulting services and staffing for the Office of Managed Care (OMC) established to begin preparations for Health Reform and to set up the infrastructure that will be required to implement and administer the 1115 Waiver Demonstration Project (CountyCare Program). Susan Greene has served in the role of Interim Director, and through this contract has provided highly qualified staff to work with CCHHS staff. Efforts to recruit employees to fill positions within the OMC are underway. Management recommends a transitional period of consulting services will be necessary and in the best interests of the CCHHS. The original contract amount was \$799,400.

NEW PROPOSAL JUSTIFICATION:

It is proposed that the current contract be extended for three months, and increased by up to \$540,000. This amount reflects the higher level of staffing that has gradually been achieved and is currently in place within the CCHHS Office of Managed Care. Depending on several variables, the full amount of this amendment may not be required. This contract is eligible for a 50% Medicaid Match under the administrative claiming provisions of the 1115 Waiver.

TERMS OF REQUEST:

This is a request to amend, extend and increase the SGA contract H12-25-080 for a period of three months from 03/05/13 thru 05/31/13 in the amount up to \$540,000.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE

CCHHS COO: _____

Carol Schneider, Chief Operating Officer

CCHHS CFO: _____

John Cookinham, Interim Chief Financial Officer

APPROVED

FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

6

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer <i>BH</i>	
DATE: 02/05/2013		PRODUCT / SERVICE: Product - Blade Servers and Storage	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: More Direct, Inc., Boca Raton, FL	
ACCOUNT: 717-890-579 CCHHS		FISCAL IMPACT: \$1,974,999.20	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: One Time Purchase		CONTRACT NUMBER: H13-76-022	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: GPO		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

There no prior contract history for this product.

NEW PROPOSAL JUSTIFICATION:

This is a request to purchase blade servers and storage in order to address performance issues which have been expressed to Capital Planning as well as the Bureau of Technology. In response to federal mandates for meaningful use of electronic health records and also to support the 1115 Waiver process, the Cook County Health and Hospitals System upgraded all of its Cerner applications in both ambulatory and inpatient venues (a project named PowerChart 2012). CCHHS provides access to most critical applications via Citrix. The use of Citrix ensures security and availability for users across the system. During the planning stages of PowerChart 2012, a sizing process was conducted to determine optimal Citrix Server capacity post go-live. Despite this planning, post-go-live CCHHS has experienced performance issues in the Citrix environment. With new functionality and an increase in users on the system performing their required tasks of full electronic records documentation, the clinicians are experiencing a severe impact to performance, so much so that they cannot use the system at times. It is expected that the increase in system use will continue based on CountyCare and Meaningful Use requirements. To ensure that the system can continue to support both the current user load and deliver to our users a stable and responsive system, the purchase of additional Citrix server capacity is required.

TERMS OF REQUEST:

This is a request to execute contract number H13-76-022 in the amount of \$1,974,999.20 as a one-time purchase.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

Carol Schneider, System Chief Operating Officer

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D. Chief Executive Officer

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FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

7

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer B H	
DATE: 02/05/2013		PRODUCT / SERVICE: Product - Cisco Network Gear – Phase II of Network Refresh Capital Project	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: More Direct, Inc., Boca Raton, FL	
ACCOUNT: 717-890-579 CCHHS		FISCAL IMPACT: \$944,915.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: One Time Purchase		CONTRACT NUMBER: H13-76-021	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: GPO		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

N/A

NEW PROPOSAL JUSTIFICATION:

This is a request to purchase Cisco network gear in order to execute the second phase of the Network Refresh Capital Project, which began in 2011. The Cisco Network gear purchased will allow for the completion of network upgrades to all CCHHS locations, making the equipment current and supportable. The network equipment being replaced is over ten years old and can fail at any time. No agreement is available that would support equipment that is this old, so if and when a failure occurs, the entire system is at risk.

TERMS OF REQUEST:

This is a request to execute contract number H13-76-021 in the amount of \$944,915.00 as a one-time purchase.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: CS
Carol Schneider, System Chief Operating Officer

CCHHS CFO: John Cookinham
John Cookinham, System Chief Financial Officer

CCHHS CEO: Raj
Ram Raju, M.D., Chief Executive Officer

APPROVED

FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
8

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Russell Kelly, M.D.		EXECUTIVE SPONSOR: Claudia M. Fegan, Chief Medical Officer	
DATE: 01/14/2013		PRODUCT / SERVICE: Service - DMS Software Maintenance	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: GE Healthcare, Milwaukee, WI	
ACCOUNT: 897-169 Stroger Hospital		FISCAL IMPACT: \$280,428.00	GRANT FUNDED / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 03/01/2013 thru 02/28/2016		CONTRACT NUMBER: H13-73-027	
COMPETITIVE SELECTION METHODOLOGY:			
X GPO			
NON-COMPETITIVE SELECTION METHODOLOGY:			
N/A			

PRIOR CONTRACT HISTORY:

The DMS/CVIS equipment was purchased in 2011 from GE Healthcare in the amount of \$627,515.49. The DMS system stores all data and images in the Cauterization Lab for all cardiac cauterizations and angioplasty procedures along with all echo studies performed in Clinic V and throughout the hospital.

NEW PROPOSAL JUSTIFICATION:

We purchased new equipment from GE in 2011. The warranty period is expiring and we are in need of a GE Centricity Software Support service contract in order to maintain the equipment and upgrade software.

TERMS OF REQUEST:

This is a request to execute contract number H13-73-027 in the amount of \$280,428.00 for the period from 03/01/2013 thru 02/28/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO:

Carol Schneider, System Chief Operating Officer

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

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FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

9

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer <i>BA</i>	
DATE: 02/05/2013		PRODUCT / SERVICE: Product - Fujitsu 6130Z Scanners	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: More Direct, Inc., Boca Raton, FL	
ACCOUNT: 717-890-579 CCHHS	FISCAL IMPACT: \$235,630.46	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: One Time Purchase		CONTRACT NUMBER: H13-76-025	
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: GPO			
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY:			

PRIOR CONTRACT HISTORY:

N/A

NEW PROPOSAL JUSTIFICATION:

This is a request to purchase Fujitsu 6130Z scanners for clinical chart scanning into the Cerner System. Clinical chart scanning will help with full migration to an integrated electronic medical record, and support CountyCare. The need for this specific brand and model of scanner is critical. Cerner has tested many different brands of scanners and has certified the Fujitsu 6130Z to be compatible with the Cerner system we currently utilize system wide.

TERMS OF REQUEST:

This is a request to execute contract number H13-76-025 in the amount of \$235,630.46 as a onetime purchase.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

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FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

10

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Russell Kelly, M.D. <i>pk</i>		EXECUTIVE SPONSOR: Claudia M. Fegan, M.D., Chief Medical Officer	
DATE: 01/14/2013		PRODUCT / SERVICE: Service - MUSE/Mars Systems Hardware/Software Maintenance	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: GE Healthcare, Milwaukee, WI	
ACCOUNT: 897-442 Stroger Hospital		FISCAL IMPACT: \$185,373.46	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 02/01/2013 thru 02/28/2016		CONTRACT NUMBER: H13-73-026	
X	COMPETITIVE SELECTION METHODOLOGY: GPO		
	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

MUSE/Mars hardware and software from GE Healthcare was purchased on Novation Contract numbers CEO 1181 and CEO 1171 and approved 06/20/2011 in the amount of \$362,391.85. The MUSE/Mars system stores all data and images for all of our non-invasive stress/holter and EKG studies.

NEW PROPOSAL JUSTIFICATION:

The warranty period is expiring and we are in need of a 3 year service contract in order to maintain the equipment and upgrade software. The GE Healthcare Comprehensive with Software Support Agreement (CSS) is intended to provide full-service repair and maintenance, complete GE Healthcare coverage, which includes upgrades and updates and preventive maintenance.

TERMS OF REQUEST:

This is a request to execute contract number H13-73-026 in the amount of \$185,373.46 for the period from 02/01/2013 thru 02/28/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: *[Signature]*

Carol Schneider, System Chief Operating Officer

CCHHS CFO: *[Signature]*

John Cookinham, System Chief Financial Officer

CCHHS CEO: *[Signature]*

Ram Raju, M.D., Chief Executive Officer

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FEB 28 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

11

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

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Revised 03/01/2011

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
February 15, 2013

ATTACHMENT #2

Cook County Health and Hospitals System

Financial Statements

Year To Date January 31, 2013

As of February 13, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended January 31, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended January 31, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently

eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the two months with overall revenue of \$108,865 and overall expenses was \$137,357.

Net Patient revenue for the two months was \$64,988.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$643. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System Only

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of January-2013 reduced by 13 to 109 days. Additionally, there was a 7 day decrease in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts fell by \$16.075M (5.5%) as compared to the November-2012 balance. As compared to the previous month, this figure fell by \$8.431M (2.9%) and has declined in eleven (11) out of the last twelve (12) months. The overall decline in this

figure indicates an increasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS claims on a per-diem and Medicare pays CCHHS on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Inpatient Accounts Receivable – BEPA System Only

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of January-2013 increased by \$0.797M (9.0%) and by \$1.139M (13.4%), as compared the November 30, 2012 and the previous month's balances respectively. This indicates that fewer inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections.

Billed Inpatient Accounts

Billed inpatient accounts at the end of January-2013 decreased by \$1.374M (0.9%) as compared to the November 30, 2012 balance. This figure grew by \$1.843M (1.2%) compared to the previous month's total.

The increase in this number indicates less accounts had the collection process completed than in the previous month and that fewer accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays on a per-diem and Medicare pays on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs will not result in actual cash collections.

Outpatient Accounts Receivable – BEPA System Only

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts increased by \$2.099M (12.1%) by the end of January-2013, as compared to the level of unbilled accounts as of November 30, 2012. This balance, as of the end of this month, was \$1.079M (5.9%) greater than the previous month's balance. This indicates that fewer outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of January-2013 fell by \$14.701M (10.6%) over the balance as of November 30, 2012. This figure is \$10.274M (7.7%) less than last month's figure.

The reduction in this figure, as compared to the prior month's balance, indicates a greater number of Out-Patient accounts had their collection and write-off related activities completed.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for January-2013	Value of Accounts for January-2013	Cumulative Number of Accounts Through January-2013	Cumulative Value of Accounts Through January-2013
In-Patient	570	\$ 7.383 M	1,181	\$ 15,538 M
Out-Patient	30,712	\$ 16.796 M	58,408	\$ 30.329 M
Totals	31,282	\$ 24.179 M	59,589	\$ 45.867 M

Operating Expenses at the end of two months was \$137.357M broken down as follows:

Salaries and Wages - \$69.484M

Benefits - \$23.288M

Supplies - \$9.794M.

Purchased Services, Rental, and Other - \$27.498M

Depreciation - \$5.007M

Utilities - \$0.261M

Insurance - \$2.013M. The reduction of this expense for the month is due to the correction of prior month's estimate.

Nonoperating Revenue was \$43.234M. The largest portions of this are attributed to sales tax in the amount of \$11.497M and property tax in the amount of \$13.990M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

**Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013**

**December-2012
BEPA**

**January-2013
BEPA**

Inpatient

In-house	\$	10,694,624.53	\$	14,197,840.36
Discharged Not Final Billed	\$	8,483,063.30	\$	9,622,149.26
Billed	\$	153,028,241.07	\$	154,871,251.62
Total Inpatient Accounts Receivable	\$	172,205,928.90	\$	178,691,241.24

Outpatient

Unbilled	\$	18,351,510.68	\$	19,430,163.88
Billed	\$	134,201,903.14	\$	123,927,492.43
Total Outpatient Accounts Receivable	\$	152,553,413.82	\$	143,357,656.31

Combined Inpatient and Outpatient A/R

Unbilled	\$	37,529,198.51	\$	43,250,153.50
Billed	\$	287,230,144.21	\$	278,798,744.05
Total IP and OP Accounts Receivable	\$	324,759,342.72	\$	322,048,897.55
Average Daily Revenue	\$	2,797,555.00	\$	2,957,056.00

Days of Revenue Outstanding

116

109

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
January 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	1,899	1		1,899	104	192		2,195	0			2,195
Cash held by Cook Co Treas	604,477			604,477	82,217	145,161		831,856	119,135		(950,990)	
Due from working cash fund	60,193	34,607		94,800				94,800			(8,259)	86,542
Total cash & cash equivalent	666,569	34,608		701,177	82,321	145,353		928,851	119,135		(959,249)	88,737
Property taxes receivable:												
Tax levy - current year	4,675	5,510		10,185	871	834	472	12,362	1,345			13,706
Tax levy - prior year	28,241	34,314		62,555	5,175	4,801	2,930	75,461	8,153			83,614
Total property taxes rec	32,916	39,824		72,740	6,046	5,635	3,402	87,822	9,498			97,320
Receivables:												
Patient AR-net of allowances	107,568			107,568	1,730	4,867		114,164				114,164
Third-party settlements					23	65		87				87
Other receivables	531	11		542	0	55	0	597		1		598
Due from State - sales taxes	4,095	4,511		8,606	1,213	1,976	392	12,188	1,659	3,398		17,245
Total receivables	112,194	4,522		116,716	2,966	6,962	392	127,036	1,659	3,399		132,095
Inventories	5,464			5,464	122	560		6,146		1,253		7,399
TOTAL CURRENT ASSETS	817,142	78,955		896,097	91,454	158,510	3,794	1,149,855	130,292	4,653	(959,249)	325,551
CAPITAL ASSETS:												
Depreciable assets - net	359,213	6,222		365,435	24,748	21,369	17,273	428,824	2,094	723		431,642
TOTAL ASSETS	1,176,356	85,176		1,261,532	116,202	179,879	21,067	1,578,680	132,386	5,376	(959,249)	757,192

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
January 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET ASSETS												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		127,297	52	127,349			779,174	906,523		52,726	(959,249)	0
Accounts payable	4,146	214		4,360	370	2,463	9,762	16,956	439	188		17,583
Accrued salaries, wages, & other liabilities	4,536	613	0	5,148	100	463	635	6,345	1	546		6,893
Compensated absences	27,908	3,669		31,577	508	3,256	3,780	39,121	1,113	2,648		42,882
Deferred revenues	61,871			61,871		12,627		74,498				74,498
Third-party settlements	1,996			1,996				1,996				1,996
Due to others					11			11				11
Interacct (payable)receivabl	(35,905)	168,998		133,093	(2,401)	33,188	(170,597)	(6,717)	2	6,715		
TOTAL CURRENT LIABILITIES	64,553	300,790	52	365,395	(1,412)	51,996	622,754	1,038,734	1,555	62,823	(959,249)	143,864
LONG-TERM LIABILITIES:												
Reserve-tax objection suits	4,254	2,540		6,795	1,016	1,307	247	9,364	1,081			10,446
TOTAL LIABILITIES	68,807	303,330	52	372,190	(395)	53,303	623,001	1,048,098	2,637	62,823	(959,249)	154,309
NET ASSETS:												
Investment in capital assets	359,213	6,222		365,435	24,748	21,369	17,273	428,824	2,094	723		431,642
Beginning balance	769,452	(248,975)		520,477	91,391	104,803	(594,924)	121,747	126,716	(53,737)		194,725
Bond depreciation	3,811	141		3,952	426	62	499	4,939	33	35		5,007
Excess revenue (expenses)	(24,927)	24,458	(52)	(522)	33	342	(24,783)	(24,929)	907	(4,469)		(28,491)
Ending balance	1,107,549	(218,154)	(52)	889,342	116,597	126,576	(601,934)	530,581	129,750	(57,448)		602,883
TOTAL LIABILITIES & NET ASSETS	1,176,356	85,176		1,261,532	116,202	179,879	21,067	1,578,680	132,386	5,376	(959,249)	757,192

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
January 31, 2013

	<u>Stroger Hospital</u>	<u>ACHN (Clinics)</u>	<u>1115 Waiver</u>	<u>Stroger. ACHN & 1115 Waiver</u>	<u>O F C (Oak Forest)</u>	<u>Provident Hospital</u>	<u>Bureau of Health</u>	<u>Hospitals Total</u>	<u>Dept of Public Health</u>	<u>Cermak</u>	<u>Grand Total</u>
REVENUE:											
Net patient service revenue	36,895	22,936		59,831	2	5,155		64,988			64,988
Other revenue	378	136		514	61	9		584	59	0	643
Total Revenue:	<u>37,273</u>	<u>23,073</u>		<u>60,345</u>	<u>63</u>	<u>5,164</u>		<u>65,572</u>	<u>59</u>	<u>0</u>	<u>65,632</u>
OPERATING EXPENSES:											
Salaries and wages	43,509	6,013	51	49,574	1,105	5,755	6,186	62,620	1,698	5,176	69,494
Employee benefits	14,393	2,116	1	16,509	699	1,645	2,102	20,955	621	1,712	23,288
Supplies	3,798	1,166		4,964	98	176	4,375	9,612	2	180	9,794
Purchased svcs, rental & other	12,440	445		12,885	182	889	13,003	26,959	301	239	27,498
Depreciation	3,811	141		3,952	426	62	499	4,939	33	35	5,007
Utilities		0		0	2		257	260	2		261
Insurance expense	1,114	289		1,403	139	133	152	1,827	44	142	2,013
TOTAL OPERATING EXPENSES	<u>79,064</u>	<u>10,171</u>	<u>52</u>	<u>89,287</u>	<u>2,650</u>	<u>8,660</u>	<u>26,576</u>	<u>127,173</u>	<u>2,701</u>	<u>7,483</u>	<u>137,357</u>
GAIN (LOSS) FROM OPERATIONS	<u>(41,791)</u>	<u>12,902</u>	<u>(52)</u>	<u>(28,942)</u>	<u>(2,587)</u>	<u>(3,496)</u>	<u>(26,576)</u>	<u>(61,601)</u>	<u>(2,641)</u>	<u>(7,483)</u>	<u>(71,725)</u>
NONOPERATING REVENUE:											
Property taxes	4,787	5,644		10,431	892	836	483	12,642	1,348		13,990
Cigarette taxes	3,092	1,845		4,937	738	949	179	6,804	785		7,589
Sales taxes	2,730	3,008		5,738	809	1,317	262	8,125	1,106	2,265	11,497
Other tobacco product taxes	133	79		212	32	41	8	293	34		327
Interest income	1	0		1	0	0	0	1	0	0	1
Retirement plan contribution	6,121	980		7,101	149	696	861	8,807	275	749	9,831
TOTAL NONOPERATING REVENUE	<u>16,864</u>	<u>11,556</u>		<u>28,420</u>	<u>2,620</u>	<u>3,839</u>	<u>1,793</u>	<u>36,671</u>	<u>3,548</u>	<u>3,015</u>	<u>43,234</u>
INCOME (LOSS)	<u>(24,927)</u>	<u>24,458</u>	<u>(52)</u>	<u>(522)</u>	<u>33</u>	<u>342</u>	<u>(24,783)</u>	<u>(24,929)</u>	<u>907</u>	<u>(4,469)</u>	<u>(28,491)</u>

Note: The above accounts (I.e., Inventory, Supplies Expense, etc.) affected by the implementation and installation of the Lawson Inventory/AP module, do not include and are understated by the January 2013 transactions that are currently in contention and in the process of getting management approval for posting onto the Lawson GL.

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue	31,176	33,812	64,988
Other revenue	204	439	643
Total Revenue	<u>31,380</u>	<u>34,252</u>	<u>65,632</u>
OPERATING EXPENSES:			
Salaries and wages	43,642	25,852	69,494
Employee benefits	11,316	11,972	23,288
Supplies	2,332	7,462	9,794
Purchased svcs, rental & other	12,740	14,758	27,498
Depreciation	3,281	1,726	5,007
Utilities	129	133	261
Insurance expense	2,381	(368)	2,013
TOTAL OPERATING EXPENSES	<u>75,820</u>	<u>61,536</u>	<u>137,357</u>
GAIN (LOSS) FROM OPERATIONS	<u>(44,440)</u>	<u>(27,285)</u>	<u>(71,725)</u>
NONOPERATING REVENUE:			
Property taxes	7,352	6,638	13,990
Cigarette taxes		7,589	7,589
Sales taxes	5,863	5,633	11,497
Other tobacco product taxes		327	327
Interest income		1	1
Retirement plan contribution	4,514	5,317	9,831
TOTAL NONOPERATING REVENUE	<u>17,730</u>	<u>25,504</u>	<u>43,234</u>
NET INCOME (LOSS)	<u>(26,711)</u>	<u>(1,781)</u>	<u>(28,491)</u>

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue	18,085	18,810	36,895
Other revenue	109	269	378
Total Revenue	<u>18,194</u>	<u>19,079</u>	<u>37,273</u>
OPERATING EXPENSES:			
Salaries and wages	27,896	15,614	43,509
Employee benefits	6,755	7,638	14,393
Supplies	25	3,773	3,798
Purchased svcs, rental & other	3,985	8,454	12,440
Depreciation	1,905	1,905	3,811
Insurance expense	1,359	(245)	1,114
TOTAL OPERATING EXPENSES	<u>41,925</u>	<u>37,138</u>	<u>79,064</u>
GAIN (LOSS) FROM OPERATIONS	<u>(23,732)</u>	<u>(18,059)</u>	<u>(41,791)</u>
NONOPERATING REVENUE:			
Property taxes	2,507	2,280	4,787
Cigarette taxes		3,092	3,092
Sales taxes	1,392	1,338	2,730
Other tobacco product taxes		133	133
Interest income		1	1
Retirement plan contribution	2,742	3,379	6,121
TOTAL NONOPERATING REVENUE	<u>6,641</u>	<u>10,223</u>	<u>16,864</u>
NET INCOME (LOSS)	<u>(17,091)</u>	<u>(7,836)</u>	<u>(24,927)</u>

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue	11,041	11,895	22,936
Other revenue	69	68	136
Total Revenue	<u>11,110</u>	<u>11,963</u>	<u>23,073</u>
OPERATING EXPENSES:			
Salaries and wages	3,911	2,102	6,013
Employee benefits	929	1,186	2,116
Supplies	1,000	166	1,166
Purchased svcs, rental & other	125	321	445
Depreciation	848	(707)	141
Utilities		0	0
Insurance expense	166	123	289
TOTAL OPERATING EXPENSES	<u>6,980</u>	<u>3,190</u>	<u>10,171</u>
GAIN (LOSS) FROM OPERATIONS	<u>4,130</u>	<u>8,772</u>	<u>12,902</u>
NONOPERATING REVENUE:			
Property taxes	2,956	2,688	5,644
Cigarette taxes		1,845	1,845
Sales taxes	1,534	1,474	3,008
Other tobacco product taxes		79	79
Interest income		0	0
Retirement plan contribution	378	602	980
TOTAL NONOPERATING REVENUE	<u>4,867</u>	<u>6,688</u>	<u>11,556</u>
NET INCOME (LOSS)	<u>8,997</u>	<u>15,461</u>	<u>24,458</u>

Note: The reduction of depreciation expense is due to the correction of last month's estimate.

1115 Waiver
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	31	21	51
Employee benefits	0	0	1
Supplies			
Purchased svcs, rental & other			
Depreciation			
Utilities			
Insurance expense			
TOTAL OPERATING EXPENSES	31	21	52
GAIN (LOSS) FROM OPERATIONS	(31)	(21)	(52)
NONOPERATING REVENUE:			
Property taxes			
Cigarette taxes			
Sales taxes			
Retirement plan contribution			
TOTAL NONOPERATING REVENUE			
NET INCOME (LOSS)	(31)	(21)	(52)

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue	19	(16)	2
Other revenue	27	34	61
Total Revenue	45	18	63
OPERATING EXPENSES:			
Salaries and wages	698	407	1,105
Employee benefits	824	(125)	699
Supplies	53	45	98
Purchased svcs, rental & other	115	67	182
Depreciation	213	213	426
Utilities		2	2
Insurance expense	210	(71)	139
TOTAL OPERATING EXPENSES	2,112	538	2,650
GAIN (LOSS) FROM OPERATIONS	(2,067)	(520)	(2,587)
NONOPERATING REVENUE:			
Property taxes	467	425	892
Cigarette taxes		738	738
Sales taxes	413	396	809
Other tobacco product taxes		32	32
Interest income		0	0
Retirement plan contribution	280	(131)	149
TOTAL NONOPERATING REVENUE	1,160	1,460	2,620
NET INCOME (LOSS)	(907)	940	33

Note: The reduction of employee benefit expense and retirement plan contribution revenue is due to the correction of last month's estimate.

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue	2,032	3,123	5,155
Other revenue		9	9
Total Revenue	<u>2,032</u>	<u>3,133</u>	<u>5,164</u>
OPERATING EXPENSES:			
Salaries and wages	2,912	2,843	5,755
Employee benefits	775	870	1,645
Supplies	121	55	176
Purchased svcs, rental & other	650	240	889
Depreciation	31	31	62
Insurance expense	209	(75)	133
TOTAL OPERATING EXPENSES	<u>4,696</u>	<u>3,964</u>	<u>8,660</u>
GAIN (LOSS) FROM OPERATIONS	<u>(2,665)</u>	<u>(832)</u>	<u>(3,496)</u>
NONOPERATING REVENUE:			
Property taxes	447	388	836
Cigarette taxes		949	949
Sales taxes	672	645	1,317
Other tobacco product taxes			41
Interest income		0	0
Retirement plan contribution	318	378	696
TOTAL NONOPERATING REVENUE	<u>1,437</u>	<u>2,361</u>	<u>3,839</u>
NET INCOME (LOSS)	<u>(1,228)</u>	<u>1,529</u>	<u>342</u>

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	4,044	2,142	6,186
Employee benefits	970	1,132	2,102
Supplies	1,004	3,371	4,375
Purchased svcs, rental & other	7,720	5,284	13,003
Depreciation	250	250	499
Utilities	129		257
Insurance expense	184	(32)	152
TOTAL OPERATING EXPENSES	14,301	12,146	26,576
GAIN (LOSS) FROM OPERATIONS	(14,301)	(12,146)	(26,576)
NONOPERATING REVENUE:			
Property taxes	253	230	483
Cigarette taxes		179	179
Sales taxes	133	128	262
Other tobacco product taxes			8
Interest income		0	0
Retirement plan contribution	367	494	861
TOTAL NONOPERATING REVENUE	753	1,032	1,793
NET INCOME (LOSS)	(13,547)	(11,114)	(24,783)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue			
Other revenue		59	59
Total Revenue		59	59
OPERATING EXPENSES:			
Salaries and wages	864	833	1,698
Employee benefits	272	349	621
Supplies	1	1	2
Purchased svcs, rental & other	134	167	301
Depreciation	17	17	33
Utilities		2	2
Insurance expense	69	(24)	44
TOTAL OPERATING EXPENSES	1,357	1,344	2,701
GAIN (LOSS) FROM OPERATIONS	(1,357)	(1,285)	(2,641)
NONOPERATING REVENUE:			
Property taxes	721	627	1,348
Cigarette taxes		785	785
Sales taxes	564	542	1,106
Other tobacco product taxes		34	34
Interest income		0	0
Retirement plan contribution	104	170	275
TOTAL NONOPERATING REVENUE	1,390	2,158	3,548
NET INCOME (LOSS)	33	873	907

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date January 31, 2013

	<u>December 31, 2012</u>	<u>Inc (Dec)</u>	<u>January 31, 2013</u>
REVENUE:			
Net patient service revenue			
Other revenue		0	0
Total Revenue		0	0
OPERATING EXPENSES:			
Salaries and wages	3,286	1,890	5,176
Employee benefits	791	921	1,712
Supplies	128	52	180
Purchased svs, rental & other	12	227	239
Depreciation	18	18	35
Insurance expense	184	(42)	142
TOTAL OPERATING EXPENSES	4,418	3,066	7,483
GAIN (LOSS) FROM OPERATIONS	(4,418)	(3,066)	(7,483)
NONOPERATING REVENUE:			
Sales taxes	1,155	1,110	2,265
Interest income		0	0
Retirement plan contribution	326	424	749
TOTAL NONOPERATING REVENUE	1,481	1,534	3,015
NET INCOME (LOSS)	(2,937)	(1,532)	(4,469)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	<u>Yes, N/A, No?</u>	<u>If no, state reason (immaterial, estimated, etc.)</u>
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
Reviewed by _____

Date _____
Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended January 31, 2013

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Note: Case mix report will not be available until February 15, 2013.

Final Cash Report

For the Month January-2013				Cumulative Cash Summary Through January-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
SHCC				SHCC			
Medicare	\$ 4,069,460	\$ 4,243,399	\$ (173,939)	Medicare	\$ 8,182,835	\$ 8,486,798	\$ (303,963)
Medicaid	9,301,725	12,326,725	(3,025,000)	Medicaid	18,288,767	22,188,105	(3,899,338)
Other	2,850,561	1,659,804	1,190,757	Other	4,963,591	3,319,608	1,643,983
Physician Billing	793,256	1,005,751	(212,495)	Physician Billing	1,522,318	1,954,684	(432,366)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	728,054	-	728,054	UPL Medicaid Payment	3,045,362	-	3,045,362
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(27,794)	-	(27,794)	Collection Agency	(27,794)	-	(27,794)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	(5,681)	-	(5,681)	Physician Billing Refunds	(8,660)	-	(8,660)
Meaningful Use	915,398	646,471	268,927	Meaningful Use	915,398	1,292,942	(377,544)
1115 Waiver Capitation	-	-	-	1115 Waiver Capitation	-	-	-
1115 Waiver Administration	-	-	-	1115 Waiver Administration	-	-	-
Physician Contract Payments	-	81,230	(81,230)	Physician Contract Payments	240,000	162,460	77,540
Physician Contract Revenues	4,964	-	4,964	Physician Contract Revenues	9,047	-	9,047
Totals	\$ 18,629,944	\$ 19,963,380	\$ (1,333,436)	Totals	\$ 37,130,864	\$ 37,404,597	\$ (273,733)
PHCC				PHCC			
Medicare	\$ 220,466	\$ 219,708	\$ 758	Medicare	\$ 382,378	\$ 439,416	\$ (57,038)
Medicaid	548,960	520,059	28,901	Medicaid	1,065,814	936,106	129,708
Other	103,416	103,848	(432)	Other	193,739	207,696	(13,957)
Physician Billing	74,511	45,763	28,748	Physician Billing	147,369	88,940	58,429
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	(3,487)	-	(3,487)	UPL Medicaid Payment	1,032,208	-	1,032,208
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(3,125)	-	(3,125)	Pharmacy Billing	(3,125)	-	(3,125)
Collection Agency	-	-	-	Collection Agency	-	-	-
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	701,832	92,567	609,265	Meaningful Use	701,832	185,134	516,698
1115 Waiver Capitation	-	-	-	1115 Waiver Capitation	-	-	-
1115 Waiver Administration	-	-	-	1115 Waiver Administration	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 1,642,573	\$ 981,945	\$ 660,628	Totals	\$ 3,520,216	\$ 1,857,292	\$ 1,662,924
OFHC				OFHC			
Medicare	\$ 4,341	\$ 26,092	\$ (21,751)	Medicare	\$ 13,938	\$ 52,184	\$ (38,246)
Medicaid	116,511	156,914	(40,403)	Medicaid	280,530	282,445	(1,915)
Other	39,053	39,817	(764)	Other	70,138	79,634	(9,496)
Physician Billing	24,375	12,771	11,604	Physician Billing	54,362	24,821	29,541
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	-	-	-	Collection Agency	-	-	-
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
1115 Waiver Capitation	-	-	-	1115 Waiver Capitation	-	-	-
1115 Waiver Administration	-	-	-	1115 Waiver Administration	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 184,280	\$ 235,594	\$ (51,314)	Totals	\$ 1,344,534	\$ 439,084	\$ 905,450
SYSTEM				SYSTEM			
Medicare	\$ 4,294,267	\$ 4,489,199	\$ (194,932)	Medicare	\$ 8,579,151	\$ 8,978,398	\$ (399,247)
Medicaid	9,967,196	13,003,698	(3,036,502)	Medicaid	19,635,111	23,406,656	(3,771,545)
Other	2,993,030	1,803,469	1,189,561	Other	5,227,468	3,606,938	1,620,530
Physician Billing	892,142	1,064,285	(172,143)	Physician Billing	1,724,049	2,068,445	(344,396)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	724,567	-	724,567	UPL Medicaid Payment	5,003,137	-	5,003,137
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(3,125)	-	(3,125)	Pharmacy Billing	(3,125)	-	(3,125)
Collection Agency	(27,794)	-	(27,794)	Collection Agency	(27,794)	-	(27,794)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	(5,681)	-	(5,681)	Physician Billing Refunds	(8,660)	-	(8,660)
Physician Contract Payments	-	81,230	(81,230)	Physician Contract Payments	240,000	162,460	77,540
Physician Contract Revenues	4,964	-	4,964	Physician Contract Revenues	9,047	-	9,047
Meaningful Use	1,617,230	739,038	878,192	Meaningful Use	1,617,230	1,478,076	139,154
1115 Waiver Capitation	-	-	-	1115 Waiver Capitation	-	-	-
1115 Waiver Administration	-	-	-	1115 Waiver Administration	-	-	-
DSH	12,567,309	12,567,309	-	DSH	25,134,618	25,134,618	-
Retro-Active DSH	-	-	-	Retro-Active DSH	-	-	-
BIPA	-	-	-	BIPA	-	-	-
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 33,024,105	\$ 33,748,228	\$ (724,123)	Totals	\$ 67,130,232	\$ 64,835,591	2,294,641

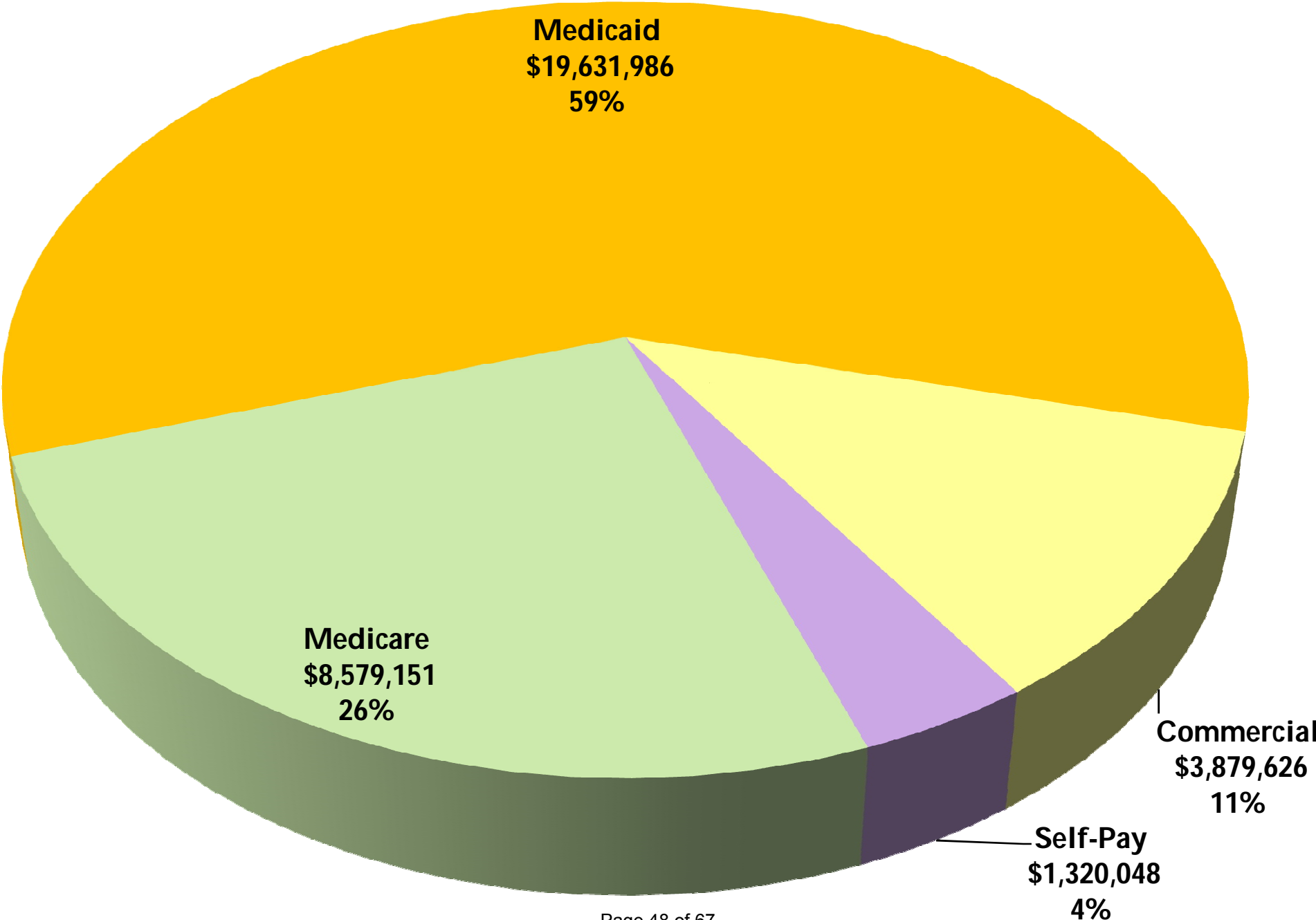
The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 12/19/12 - 01/16/13.

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" total is a payment to the state for supplemental workers hired to help clear the Medicaid backlog.

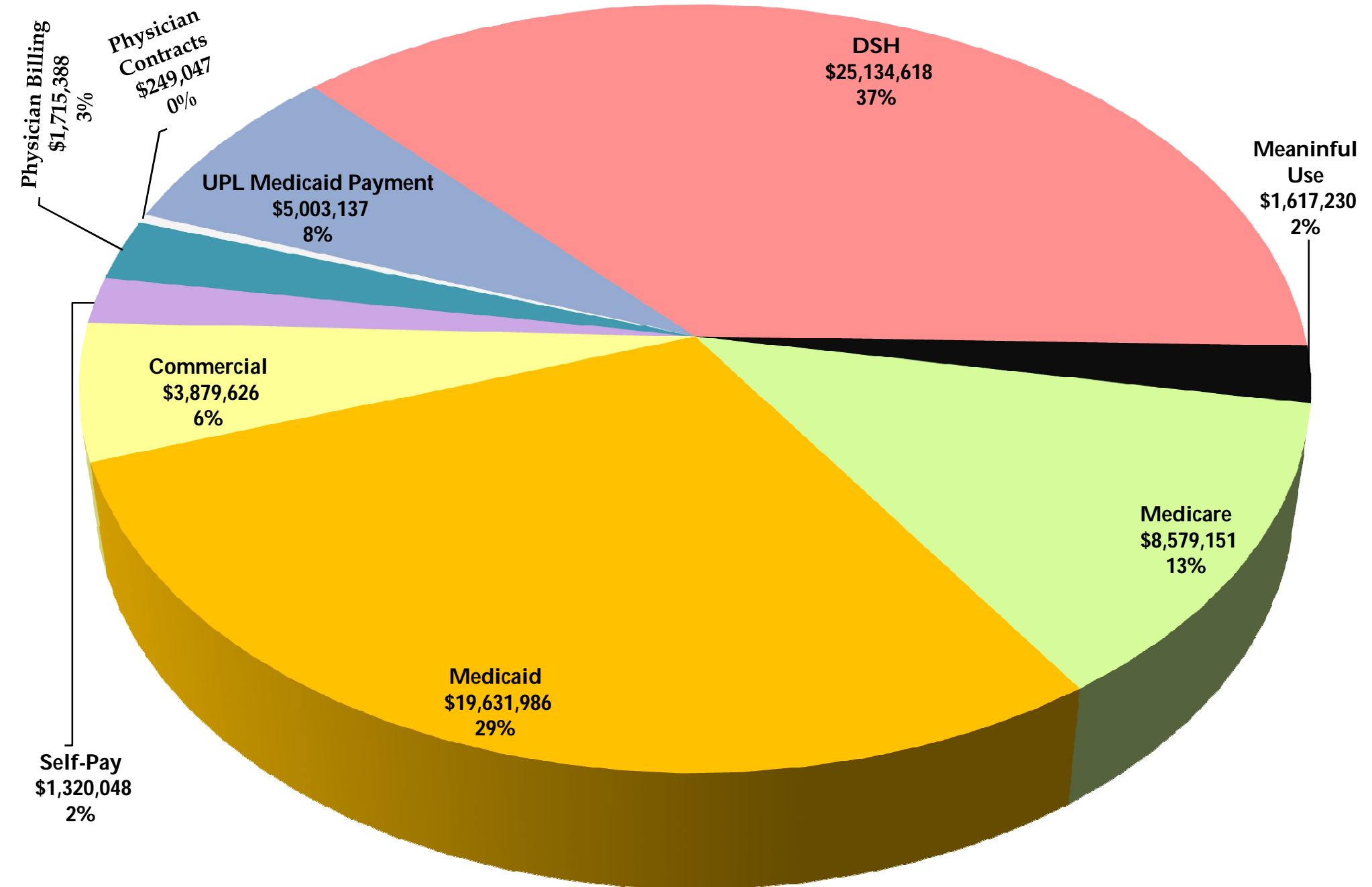
The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

Included in the "UPL Medicaid Payment" is the out-patient portion of the Medicaid rate adjustment received in February-2013 of \$724,567.

**CCHHS Cumulative Net Patient Fee Cash Receipts
Through January-2013**



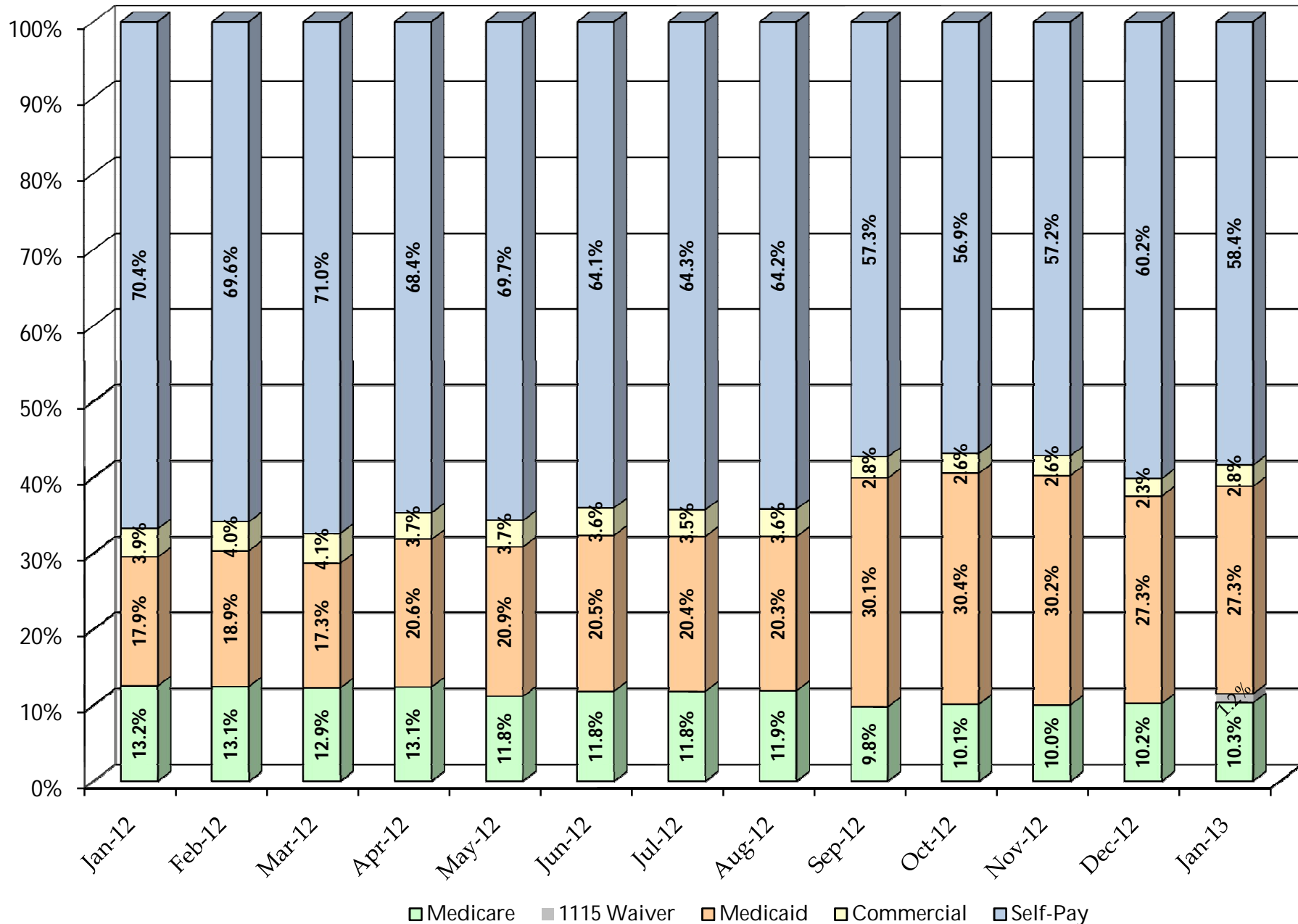
CCHHS Cumulative Total Net Cash Receipts Through January-2013



**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of January 31, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 3,525	\$ 3,630	2.88%
Provident	\$ 3,352	\$ 3,452	2.90%

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)
Cook County Health And Hospitals System
Prior 13 Months Ending Jan-2013
Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
January-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	238	223	15	23	24	(1)	261	247	14
Medicaid	594	613	(19)	20	19	1	614	632	(18)
Medicaid-Pending	1	-	1	-	-	-	1	-	1
1115 Waiver	4	-	4	1	-	1	5	-	5
Commercial	38	65	(27)	2	-	2	40	65	(25)
Self-Pay	884	1,061	(177)	69	89	(20)	953	1,150	(197)
Charity	242	-	242	23	-	23	265	-	265
Cermak	25	-	25	-	-	-	25	-	25
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	1	-	1	-	-	-	1	-	1
Workmens' Compensation	2	-	2	-	-	-	2	-	2
Total Admissions	2,029	1,962	67	138	132	6	2,167	2,094	73

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,024	1,015	9	81	94	(13)	1,105	1,109	(4)
Medicaid	2,908	3,352	(444)	99	74	25	3,007	3,426	(419)
Medicaid-Pending	5	-	5	-	-	-	5	-	5
1115 Waiver	19	-	19	7	-	7	26	-	26
Commercial	268	340	(72)	9	3	6	277	343	(66)
Self-Pay	4,148	4,829	(681)	300	339	(39)	4,448	5,168	(720)
Charity	991	-	991	80	-	80	1,071	-	1,071
Cermak	85	-	85	-	-	-	85	-	85
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	6	-	6	-	-	-	6	-	6
Workmens' Compensation	3	-	3	-	-	-	3	-	3
Total Patient Days	9,457	9,536	(79)	576	510	66	10,033	10,046	(13)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,971	2,149	(178)	259	368	(109)	2,230	2,517	(287)
Medicaid	5,595	7,095	(1,500)	317	289	28	5,912	7,384	(1,472)
Medicaid-Pending	10	-	10	-	-	-	10	-	10
1115 Waiver	37	-	37	22	-	22	59	-	59
Commercial	516	720	(204)	29	12	17	545	732	(187)
Self-Pay	7,985	10,222	(2,237)	959	1,328	(369)	8,944	11,550	(2,606)
Charity	1,908	-	1,908	256	-	256	2,164	-	2,164
Cermak	164	-	164	-	-	-	164	-	164
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	12	-	12	-	-	-	12	-	12
Workmens' Compensation	6	-	6	-	-	-	6	-	6
Total Adjusted Patient Days	18,204	20,186	(1,982)	1,842	1,997	(155)	20,046	22,183	(2,137)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.3	4.8	(0.5)	3.8	3.7	0.1
Medicaid	4.9	4.8	0.1	4.6	3.7	0.9
Medicaid-Pending	5.5	4.8	0.7	-	-	-
1115 Waiver	4.0	4.8	(0.8)	-	-	-
Commercial	6.4	4.8	1.6	4.5	3.7	0.8
Self-Pay	4.5	4.8	(0.3)	4.6	3.7	0.9
Charity	3.9	4.8	(0.9)	4.1	3.7	0.4
Grants	-	-	-	-	-	-
Cermak	3.4	4.8	(1.4)	-	-	-
Institutional	-	-	-	-	-	-
Public Health	6.0	4.8	1.2	-	-	-
Workmens' Compensation	1.5	4.8	(3.3)	-	-	-
Overall Average LOS	4.6	4.8	(0.2)	4.4	3.7	0.7

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2011 Through January-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	475	449	26	40	43	(3)	515	492	23
Medicaid	1,170	1,270	(100)	38	45	(7)	1,208	1,315	(107)
Medicaid-Pending	5	-	5	-	-	-	5	-	5
1115 Waiver	4	-	4	1	-	1	5	-	5
Commercial	78	118	(40)	4	2	2	82	120	(38)
Self-Pay	1,738	2,151	(413)	145	185	(40)	1,883	2,336	(453)
Charity	506	-	506	52	-	52	558	-	558
Cermak	53	-	53	-	-	-	53	-	53
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	1	-	1	-	-	-	1	-	1
Workmens' Compensation	2	-	2	-	-	-	2	-	2
Total Admissions	4,032	3,988	44	280	275	5	4,312	4,263	49

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,984	2,032	(48)	169	173	(4)	2,153	2,205	(52)
Medicaid	5,795	6,952	(1,157)	152	153	(1)	5,947	7,105	(1,158)
Medicaid-Pending	18	-	18	3	-	3	21	-	21
1115 Waiver	19	-	19	7	-	7	26	-	26
Commercial	438	618	(180)	12	8	4	450	626	(176)
Self-Pay	7,866	9,725	(1,859)	642	678	(36)	8,508	10,403	(1,895)
Charity	2,039	-	2,039	193	-	193	2,232	-	2,232
Cermak	172	-	172	-	-	-	172	-	172
Grants	-	-	-	-	-	-	-	-	-
Institutional	20	-	20	-	-	-	20	-	20
Public Health	6	-	6	-	-	-	6	-	6
Workmens' Compensation	3	-	3	-	-	-	3	-	3
Total Patient Days	18,360	19,327	(967)	1,178	1,012	166	19,538	20,339	(801)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	3,831	4,299	(468)	530	675	(145)	4,361	4,974	(613)
Medicaid	11,187	14,704	(3,517)	480	597	(117)	11,667	15,301	(3,634)
Medicaid-Pending	35	-	35	9	-	9	44	-	44
1115 Waiver	37	-	37	22	-	22	59	-	59
Commercial	845	1,308	(463)	38	31	7	883	1,339	(456)
Self-Pay	15,188	20,570	(5,382)	2,011	2,646	(635)	17,199	23,216	(6,017)
Charity	3,938	-	3,938	603	-	603	4,541	-	4,541
Cermak	333	-	333	-	-	-	333	-	333
Grants	-	-	-	-	-	-	-	-	-
Institutional	39	-	39	-	-	-	39	-	39
Public Health	12	-	12	-	-	-	12	-	12
Workmens' Compensation	6	-	6	-	-	-	6	-	6
Total Adjusted Patient Days	35,451	40,881	(5,430)	3,693	3,949	(256)	39,144	44,830	(5,686)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For January-2013

Stroger Hospital						Provident Hospital					
Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes	Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	445	203	648	38	686	Medicare	155	22	177	8	185
Medicaid	2,140	393	2,533	156	2,689	Medicaid	493	20	513	41	554
Medicaid-Pending	1	1	2	-	2	Medicaid-Pending	-	-	-	-	-
1115 Waiver	16	2	18	1	19	1115 Waiver	4	1	5	-	5
Commercial	200	29	229	12	241	Commercial	76	2	78	4	82
Self-Pay	5,246	653	5,899	996	6,895	Self-Pay	1,365	63	1,428	309	1,737
Charity	1,007	158	1,165	61	1,226	Charity	383	17	400	28	428
Cermak	40	23	63	1	64	Cermak	3	-	3	-	3
Grants & Research	-	-	-	-	-	Grants & Research	-	-	-	-	-
Public Health	23	-	23	6	29	Public Health	4	-	4	-	4
Institutional	20	-	20	1	21	Institutional	5	-	5	-	5
Workmens' Compensation	8	2	10	-	10	Workmens' Compensation	-	-	-	-	-
Totals	9,146	1,464	10,610	1,272	11,882	Totals	2,488	125	2,613	390	3,003
			Budget 10,341						Budget 2,807		
			Variance						Variance		
			269						(194)		

Oak Forest Health Center	
Payer Type	Immediate Care Visits
Medicare	60
Medicaid	56
Medicaid-Pending	-
1115 Waiver	-
Commercial	22
Self-Pay	915
Charity	346
Cermak	-
Grants & Research	-
Public Health	12
Institutional	-
Workmens' Compensation	1
Totals	1,412
Budget	1,964
Variance	(552)

ER and Immediate Care Total						
Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	600	225	60	885	46	931
Medicaid	2,633	413	56	3,102	197	3,299
Medicaid-Pending	1	1	-	2	-	2
1115 Waiver	20	3	-	23	1	24
Commercial	276	31	22	329	16	345
Self-Pay	6,611	716	915	8,242	1,305	9,547
Charity	1,390	175	346	1,911	89	2,000
Cermak	43	23	-	66	1	67
Grants & Research	-	-	-	-	-	-
Public Health	27	-	12	39	6	45
Institutional	25	-	-	25	1	26
Workmens' Compensation	8	2	1	11	-	11
Totals	11,634	1,589	1,412	14,635	1,662	16,297
				ER and Immediate Care Budget 15,112		
				Variance		(477)

Percent Of Admissions From Emergency Room For Month Of January-2013

	SHCC	PHCC	CCHHS
ER Admissions	1,464	125	1,589
Total Admissions	2,029	138	2,167
% of ER Admissions	72%	91%	73%

Emergency Room Elope Percentage For Month Of January-2013

	SHCC	PHCC	CCHHS
ER Elopes	1,272	390	1,662
Total Visits with Elopes	11,882	3,003	14,885
% of ER Elopes	11%	13%	11%

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through January-2013**

Stroger Hospital						Provident Hospital					
Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes	Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	909	394	1,303	77	1,380	Medicare	300	39	339	22	361
Medicaid	4,058	793	4,851	346	5,197	Medicaid	1,038	38	1,076	136	1,212
Medicaid-Pending	3	4	7	1	8	Medicaid-Pending	-	-	-	-	-
1115 Waiver	16	2	18	1	19	1115 Waiver	4	1	5	-	5
Commercial	402	56	458	22	480	Commercial	150	4	154	11	165
Self-Pay	10,516	1,315	11,831	1,578	13,409	Self-Pay	2,759	136	2,895	526	3,421
Charity	2,028	337	2,365	160	2,525	Charity	777	39	816	67	883
Cermak	79	49	128	4	132	Cermak	3	-	3	-	3
Grants & Research	1	-	1	-	1	Grants & Research	-	-	-	-	-
Public Health	30	-	30	11	41	Public Health	9	-	9	2	11
Institutional	36	-	36	2	38	Institutional	6	-	6	-	6
Workmens' Compensation	12	2	14	2	16	Workmens' Compensation	-	-	-	-	-
Totals	18,090	2,952	21,042	2,204	23,246	Totals	5,046	257	5,303	764	6,067
			Budget 20,741						Budget 5,531		
			Variance						Variance		
			301						(228)		

Oak Forest Health Center	
Payer Type	Immediate Care Visits
Medicare	107
Medicaid	125
Medicaid-Pending	-
1115 Waiver	-
Commercial	41
Self-Pay	1,757
Charity	694
Cermak	-
Grants & Research	-
Public Health	21
Institutional	-
Workmens' Compensation	3
Totals	2,748
Budget	3,832
Variance	(1,084)

ER and Immediate Care Total						
Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	1,209	433	107	1,749	99	1,848
Medicaid	5,096	831	125	6,052	482	6,534
Medicaid-Pending	3	4	-	7	1	8
1115 Waiver	20	3	-	23	1	24
Commercial	552	60	41	653	33	686
Self-Pay	13,275	1,451	1,757	16,483	2,104	18,587
Charity	2,805	376	694	3,875	227	4,102
Cermak	82	49	-	131	4	135
Grants & Research	1	-	-	1	-	1
Public Health	39	-	21	60	13	73
Institutional	42	-	-	42	2	44
Workmens' Compensation	12	2	3	17	2	19
Totals	23,136	3,209	2,748	29,093	2,968	32,061
				ER and Immediate Care Budget 30,104		
				Variance		
				(1,011)		

Cumulative Percent Of Admissions From Emergency Room Through January-2013

	SHCC	PHCC	CCHHS
ER Admissions	2,952	257	3,209
Total Admissions	4,032	280	4,312
% of ER Admissions	73%	92%	74%

Cumulative Emergency Room Elope Percentage Through January-2013

	SHCC	PHCC	CCHHS
ER Elopes	2,204	764	2,968
Total Visits with Elopes	23,246	6,067	29,313
% of ER Elopes	9%	13%	10%

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors
ACHN Clinic Visits - January-2013**

ACHN Clinic Visits - January-2013			
	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	33,997	32,592	1,405
WEST CLUSTER	6,499	6,239	260
SOUTH CLUSTER	5,775	5,249	526
SOUTH SUBURBAN CLUSTER	7,555	5,524	2,031
Total ACHN Visits	53,826	49,604	4,222

Cumulative ACHN Clinic Visits Through January-2013			
	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	63,608	63,566	42
WEST CLUSTER	11,883	12,165	(282)
SOUTH CLUSTER	11,348	10,902	446
SOUTH SUBURBAN CLUSTER	13,892	10,557	3,335
Total ACHN Visits	100,731	97,190	3,541

PATIENT REVENUE

401010	I/P REV-ACU - SELF PAY 1	8,185.00
401050	I/P REV-ACU - MEDICAID / PA	(12,805.00)
401210	I/P REV-ACU CONTRACT REV	4,620.00
410010	O/P REV - SELF PAY 1	(473.00)
410040	O/P REV - MEDICARE	1,283.00
410050	O/P REV - MEDICAID / PA	497.00
410060	O/P REV - COMMERCIAL	186.00
410070	O/P REV - COMMERCIAL - BC/BS	(150.00)
410110	O/P REV - HMO - MEDICARE	(540.00)
410120	O/P REV - HMO - MEDICAID / PA	(386.00)
410210	O/P REV - CONTRACT REV	(431.00)
412010	PROF FEE-O/P - SELF PAY 1	(2,467.81)
413040	E/R REV - MEDICARE	174.00
413110	E/R REV - HMO - MEDICARE	(174.00)
		<u>(2,481.81)</u>
427530	I/P C/D BLUE CROSS	(97,858.00)
427540	I/P C/D MEDICAID	(1,111,725.00)
428530	O/P C/D MEDICAID	7,132.52
428540	O/P C/D BLUE CROSS	1,295.95
428660	CONTR ADJ-PA-OFH-GENERAL	(31,172.73)
433020	INPATIENT ADMINISTRATIVE AL	231.00
433110	O/P CHARITY ALLOW	771.52
434010	PUBLIC AID ASSESSMENT TAX	1,243,824.33
		<u>12,499.59</u>
442510	O/P PROVISION BAD DEBT	4.21
450010	TOO OLD TO BILL-ACU - SELF PAY	3,594.25
		<u>3,598.46</u>
		<u>13,616.24</u>
	Contractuals & Bad debts to be transfer	<u>16,098.05</u>
	Total to be transferred to Stroger	<u>(7,866,069.63)</u>

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
February 15, 2013

ATTACHMENT #3

1115 Status Update

Enrollment

Net Revenue

	<u>Initiated</u> <u>Application</u> <u>Target</u>	<u>YTD Total</u> <u>Initiated</u> <u>Applications</u>		<u>Budgeted Target</u>	<u>Actual MTD</u>
November	1,000	1,030	November	\$0	\$0
December	4,000	2,865	December	\$0	\$0
January	9,000	7,657	January	\$0	\$0
February	16,000	10,136	February	\$4,219,600	\$0
March	25,000	0	March	\$8,338,733	\$0
April	35,000	0	April	\$12,156,467	\$0
May	46,000	0	May	\$16,275,600	\$0
June	57,500	0	June	\$17,330,500	\$0
July	69,000	0	July	\$20,796,600	\$0
August	80,500	0	August	\$24,262,700	\$0
September	92,000	0	September	\$27,728,800	\$0
October	103,500	0	October	\$31,194,900	\$0
November	115,000	0	November	\$34,661,000	\$0
December	115,000	0		\$196,964,900	\$0

Denial Rate: 8%

Days to Process: 60

Cook County Health and Hospitals System
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ATTACHMENT #4



Finance Committee Meeting

February 15, 2013

**Report of the Chief Financial Officer
John Cookinham**

CCHHS

Dashboard Options

- The financial statements that the System creates cover a month of activity and are submitted to the Finance Committee on a retrospective basis. The Board has expressed, in the past, the need to have a quick way to receive information prior to the presentation at the Finance Committee meetings.
- A dashboard of information can be developed and provided to the members of the Board by e-mail each week.
- A decision must be made about what performance indicators are to be included on the dashboard.

Dashboard Options

- The financial statement package includes a variety of measures that help inform the Board Members about the operations of the health system. These information items are as follows:
 - a. Days in Revenue Outstanding
 - b. Cash Collections
 - c. The Split of Patient Fees by Financial Class
 - d. The Split of Cash Collections by Financial Class
 - e. Expenses per Adjusted Patient Day
 - f. IP Operating Statistics – Patient Days, Admissions, Adjusted Patient Days, and Average Length of Stay
 - g. Emergency Room Statistics – Visits, Admissions, Elopers, and Patients Treated and Released.
 - h. Clinic Visits by Cluster
 - i. Top Ten DRG's by inpatient facility

Dashboard Options

A weekly dashboard could include the following measures:

- a. Admissions
- b. Average Daily Census
- c. Outpatient Visits
- d. IP Gross Revenue
- e. OP Gross Revenue
- f. Cash Collections
- g. Days in Revenue Outstanding
- h. Unbilled Patient Accounts
- i. Paid FTE's – biweekly
- j. Newly Hired Employees - biweekly
- k. County Care Applications
- l. CareLink Applications
- m. Medicaid Applications



Dashboard Options

- The dashboard measures that are selected need to be meaningful to a Board Member.
- The information collected should probably be at the System level. (no separation between Provident and Stroger the monthly financial statements provide that additional detail).
- The dashboard information that is to be reported needs to have a readily available source so that there are not any time delays in providing the information.
- The information will be provided at weekly intervals. There maybe differences between the monthly and weekly information because errors or omissions on the weekly reports can be corrected prior to issuing the monthly financial statements.

Dashboard Options

Why should Information be reported?

Admissions – Admissions are a measure of IP volume. The more admissions the greater number of patients being served.

Average Daily Census - Average daily census provides an estimate of utilization of the facilities. ADC may also point out unused inpatient capacity in the System.

Outpatient Visits – The total number of outpatient visits for a week allows a comparison to a prior week to document an increase or decrease in volume.

IP Gross Revenue – If the IP indicators are increasing the level of gross revenue should move in the same direction. If there is a difference the difference should be explained. Patients must be charged for the services they receive so the System can document the cost of their care.

OP Gross Revenue – This is a measure much like the IP level of gross patient service revenue. If the volume of visits is increasing the gross out patient revenue should grow too. Any problems should be investigated to make sure all services are charged.

Dashboard Options

Cash Collections – The collection of cash is the final measure of revenue cycle success. A week to week comparison allows one to determine if things are moving in a positive direction.

Days in Revenue Outstanding – This measures the length of the collection cycle. If the Days in A/R are increasing the reasons for the increase should be identified and action taken to correct.

Unbilled Patient Accounts – Cash can not be collected unless it is billed. There are many reasons that accounts remain unbilled. This is a useful measure to insure the revenue cycle process is working effectively.

Paid FTE's – A comparison from pay period to pay period should be monitored. If the number of FTE's is declining that may indicate a problem as well as an increase in the hours paid to employees may signal that overtime, sick time, or other non productive paid wages are being used inappropriately.

Newly Hired Employees – CCHHS must recruit employees for replacements for employees that leave the system or retire. In addition as new programs are put in service new staff may need to be hired to allow the program to function properly.

Dashboard Options

County Care Applications – The number of applications taken for County Care can be supplied on a weekly basis. Other County Care data can also be supplied if it is requested. Taking actions to insure applications are taken for County Care is vital to the success of CCHHS's in 2013.

CareLink Applications – As the System becomes an MCO it is important that all patients are screened and placed in an appropriate category. The CareLink application process allows CCHHS to determine if a patient's services can be billed to a third party or if a patient can not qualify for any third party coverage they can receive an appropriate discount.

Medicaid Applications – Not all patients will qualify for County Care. There will still be patients that will qualify only for traditional Medicaid. The level of these applications must be monitored to be sure there is an on going effort to obtain coverage for all of CCHHS's patients.